

# Summer Camp Application

Fax completed form to 443-712-1015 OR

Print and mail to 4443 Grave Run Rd., Manchester, MD 21102



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*Camper's Last Name* *First Name* *Middle Initial*

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*Grade Completed ( as of June)* *Birth Date* *Gender*

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*Street Address*

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*City* *State* *Zip Code*

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*Home Phone #* *Cell/Work Phone #*

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*Email Address* *Roommate Request (choose one)*

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*Parent/Guardian Full Name* *Spouse's Name*

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*Person Authorized to Pick-Up Camper* *Relation to Camper*

## PROGRAM CHOICES (write camp program name & week #)

**1st Choice** \_\_\_\_\_ **2nd Choice** \_\_\_\_\_

## MEDICAL HISTORY (Please mark all of the following that apply to this camper)

- |   |  |
|---|--|
| <input type="checkbox"/> Contacts/Glasses                     | <input type="checkbox"/> Previous Hospitalizations or Surgeries  |
| <input type="checkbox"/> Hard of Hearing/Deaf                 | <input type="checkbox"/> Chronic or Recurring Illness (not previously listed)  |
| <input type="checkbox"/> Recent Head, Back, or Neck injury    | <input type="checkbox"/> Emotional, Social, Learning, or other Mental Health Concerns (ADHD, Anxiety, Depression...) |
| <input type="checkbox"/> Seizure Disorder                     | <input type="checkbox"/> Issues related to sleep (insomnia, night terrors, bed wetting...)                           |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Activity Restrictions   |
| <input type="checkbox"/> Existing Heart Conditions            | <input type="checkbox"/> Other Concerns not previously listed  |
| <input type="checkbox"/> Diabetes                             |  |
| <input type="checkbox"/> Diarrhea, Constipation, or GI issues |  |
| <input type="checkbox"/> Skin Conditions                      |  |
| <input type="checkbox"/> Joint Problems (recent or chronic)   |  |

***If 'Yes' to any of the above, please explain:***

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- Allergies (non life-threatening environmental, medication, food)
- Severe or life-threatening FOOD allergies\*
- Other Severe or life-threatening allergies

***Please list the allergen and describe the allergic reaction:***

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\*You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options: [chef@rivervalleyranch.com](mailto:chef@rivervalleyranch.com)

Will your child bring sunscreen to camp with them? Brand: \_\_\_\_\_  **YES**  **NO**  
 I authorize RVR staff to assist my child in applying sunscreen if needed.  **YES**  **NO**  
 If my child's sunscreen is unavailable, I authorize the use of sunscreen at RVR.  **YES**  **NO**

The following list of medications may be administered on an as needed basis per standing orders from RVR's camp practitioner. Any medications NOT listed below require authorization from the participants primary care provider. Please mark any of the following medications you **DO NOT** authorize RVR staff to administer to your camper:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tylenol (Acetaminophen)       | <input type="checkbox"/> Cough Drop/Throat Lozenge      | <input type="checkbox"/> Antiseptic Spray          |
| <input type="checkbox"/> Advil (Ibuprofen)             | <input type="checkbox"/> Antacid (Tums or Pepto-Bismal) | <input type="checkbox"/> Burn Gel with Lidocaine   |
| <input type="checkbox"/> Aleve (Naproxen Sodium)       | <input type="checkbox"/> Anti-Diarrheal                 | <input type="checkbox"/> Caladryl (anti-itch)      |
| <input type="checkbox"/> Benadryl (Diphenhydramine)    | <input type="checkbox"/> Simethicone (anti-gas)         | <input type="checkbox"/> Calamine Lotion           |
| <input type="checkbox"/> Sudafed (Pseudoephedrine)     | <input type="checkbox"/> Allergy Eye Drops              | <input type="checkbox"/> Chloraseptic Throat Spray |
| <input type="checkbox"/> Phenylephrine (decongestant)  | <input type="checkbox"/> Analgesic (Anbesol/Orajel)     | <input type="checkbox"/> Hydrocortisone Cream      |
| <input type="checkbox"/> Cough Suppressant/Expectorant | <input type="checkbox"/> Antibiotic Ointment            | <input type="checkbox"/> Hydrogen Peroxide         |
|  | <input type="checkbox"/> Anti-Fungal Cream              | <input type="checkbox"/> Topical Muscle Rub        |

If any of the following medications are taken on a regular bases, BRING to camp in original packaging:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cetirizine (Zyrtec)    | <input type="checkbox"/> Levocetirizine dihydrochloride (Xyzal)      | <input type="checkbox"/> Melatonin    |
| <input type="checkbox"/> Loratidine (Claritin)  | <input type="checkbox"/> OTC allergy nasal sprays (Flonase/Nasacort) | <input type="checkbox"/> Multivitamin |
| <input type="checkbox"/> Fexofenadine (Allegra) | <input type="checkbox"/> Stool-softener (Colace/Miralax)             | <input type="checkbox"/> Lactaid      |

Please indicate if your child is currently taking any medication (or will be) during camp. Please list below:

*(NOTE: Must be accompanied by Medical Authorization form, signed by physician. Download at [rivervalleyranch.com/camp-forms](http://rivervalleyranch.com/camp-forms))*

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

## EMERGENCY CONTACTS (provide 3 emergency contacts)

_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>
_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>
_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>

## IMMUNIZATIONS

Is camper a US resident?  **YES**  **NO\***

*\*Campers coming from outside the US must have a copy of their immunization record, completed in or translated into English. Download at [rivervalleyranch.com/camp-forms/](http://rivervalleyranch.com/camp-forms/)*

Is participant exempt from immunizations because of parent/guardian objection or medical reasons?

List all immunization exemptions: \_\_\_\_\_

What was the month/year of the camper's last tetanus shot? \_\_\_\_\_

## PHYSICIAN & INSURANCE INFORMATION

Does participant have a Primary Care Provider/Physician?  YES  NO

If 'NO', provide the name of the last physician or facility the participant was seen by, along with the phone number: \_\_\_\_\_

PCP/Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Claims Address \_\_\_\_\_

Claims Phone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## MEDICAL RELEASE STATEMENT (please read & sign)

This health history is correct and complete as far as I know. The completed health information form may be printed/ photocopied for trips out of camp.

I agree that RVR, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend RVR, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at RVR. The minor child herein has permission to engage in all camp activities as described on the activities waiver unless otherwise noted on the health information form. While RVR has safety protocols in place to manage allergen related issues, I understand that a minor with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child's PCP. I also give permission for RVR to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp practitioner. I give permission to RVR to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization, for my child.

I hereby authorize RVR's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form, Medication Authorization Form and Immunization Records. I authorize release of medical information to RVR's camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child's PCP office to RVR if necessary. This authorization is valid for the summer of 2019. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# PAYMENT WORKSHEET

You will receive an invoice after your registration form has been processed. This will confirm your registration.

## DEPOSIT

- Minimum \$100 Non-Refundable Deposit (due now to secure a space) \$ \_\_\_\_\_
- Camp Fee (minus \$100 deposit above). *Entire amt due now if registering after May 15th* \$ \_\_\_\_\_

## EXTRAS

- RVR Care Package - \$30** \$ \_\_\_\_\_  
Delivered to your camper during their stay.  
Contents listed at [rivervalleyranch.com/care-packages/](http://rivervalleyranch.com/care-packages/)

- Store Account - Enter desired amount** \$ \_\_\_\_\_  
Allows your camper to make purchases each day from the camp store and snack shop.

If there is a remaining balance on your child's store account at the end of their stay, would you like to donate it to RVR? *(tax deductible)*  **YES**  **NO**

## DONATIONS *(tax-deductible)*

- RVR Scholarship Fund \$ \_\_\_\_\_
- Camp Improvements \$ \_\_\_\_\_

## DISCOUNTS

*(See website for more info. Must be confirmed by RVR's Registration Office)*

- Early-Bird
- First-Time camper referral
- Multiple Child Discount (not available with other discounts). Please list other registered family members:

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**Total Costs Listed Above** \$ \_\_\_\_\_  
**Total Amount Enclosed** \$ \_\_\_\_\_  
*(Minimum \$100 deposit due; remaining balance will be billed)*

## PAYMENT *(Only complete registrations including signatures and minimum payment will be processed)*

VISA     MASTERCARD     AMEX     DISCOVER    EXP DATE: \_\_\_\_/\_\_\_\_

Card # \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

# RVR Summer Camp Release & Waiver Agreement



In consideration of being allowed to participate in Activities at River Valley Ranch for the date(s) of (dates) \_\_\_\_\_ I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in participating in the activities offered by River Valley Ranch including, but not limited to: paintball, skateboarding, zip line, giant swing, high and low ropes course, climbing tower, challenge course, swimming, archery, air rifles, hiking, and horseback riding. I further understand that participation in these activities contains risks we each appreciate and voluntarily assume because the minor and we choose to do so. I further agree to require said minor to participate in all safety training and wear all safety equipment provided by River Valley Ranch for any of the above activities that require it.

I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible, hereby release, acquit and forgive Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, officers, agents, employees, and volunteers (Releases) from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to me or said minor children as the result of my/our participation in the activities listed above and below.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, agents, employees and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in the Activities listed above at the River Valley Ranch.

I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold harmless Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, and employees, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in the Activities listed above at River Valley Ranch, and the activities for which this Release and Waiver Agreement is given.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, give permission and consent to be photographed and/or filmed during activities and while on premises at River Valley Ranch (RVR). I further give permission and consent that any such photographs may be published and used by River Valley Ranch and the American Camp Association® and its agents, to illustrate and promote the camp experience, River Valley Ranch and its programs, or the American Camp Association.

## **PAINTBALL CAMPS**

I understand that my camper, as a registered participant in either Teen or Junior Paintball Camp, may participate in a variety of activities, which may include, but are not limited to: paintball (including the use of compressed air paintball markers), zip line, skateboarding, hiking, high and low ropes course, climbing tower, swimming, challenge course, camping out. I give my permission to River Valley Ranch to transport my camper, within the Ranch's summer camp campus, from one activity to another by an authorized member of the RVR staff and within an authorized RVR vehicle, if deemed necessary by River Valley Ranch. I understand that participation in these activities contains risk and I give my express permission for my camper to participate in the program as designed by River Valley Ranch.

## **ADVENTURE CAMPS**

I understand that my camper, as a registered participant in either Teen or Junior Adventure Camp, may participate in a variety of activities, which may include, but are not limited to: zip line, high and low ropes course, climbing tower, swimming, challenge course, giant swing, hiking, camping out. I give my permission to River Valley Ranch to transport my camper, within the Ranch's summer camp campus, from one activity to another by an authorized member of the RVR staff and within an authorized RVR vehicle, if deemed necessary by River Valley Ranch. I understand that participation in these activities contains risks and I give my express permission for my camper to participate in the program as designed by River Valley Ranch.

## **CLASSIC CAMPS**

I understand that my camper, as a registered participant in either Teen or Junior Classic Camp, may participate in a variety of activities, which may include, but are not limited to: zip line, paintball (including the use of compressed air paintball markers), low ropes course, swimming, challenge course, hiking, camping out, archery, air rifles, horseback riding. I give my permission to River Valley Ranch to transport my camper, within the Ranch's summer camp campus, from one activity to another by an authorized member of the RVR staff and within an authorized RVR vehicle, if deemed necessary by River Valley Ranch. I understand that participation in these activities contains risks and I give my express permission for my camper to participate in the program as designed by River Valley Ranch.

**CONTINUED ON NEXT PAGE...**  
***(Signed Agreement Must Be Included with Registration Application)***

**ARROWHEAD WOODS CAMPS**

I understand that my camper, as a registered participant in Arrowhead Woods Camp, may participate in a variety of activities, which may include, but are not limited to: zip line, low ropes course, swimming, hiking, camping, archery, air rifles, horseback riding. I give my permission to River Valley Ranch to transport my camper, within the Ranch's summer camp campus, from one activity to another by an authorized member of the RVR staff and within an authorized RVR vehicle, if deemed necessary by River Valley Ranch. I understand that participation in these activities contains risks and I give my express permission for my camper to participate in the program as designed by River Valley Ranch.

**HORSE CAMPS**

I understand that my camper, as a registered participant in Trailriding, Horsemanship, or Jr. Trailriding Camps, may participate in a variety of activities, which may include, but are not limited to: horseback riding, horsemanship ground lessons, swimming, hiking, zip line, camping out. I give my permission to River Valley Ranch to transport my camper, within the Ranch's summer camp campus, from one activity to another by an authorized member of the RVR staff and within an authorized RVR vehicle, if deemed necessary by River Valley Ranch. I understand that participation in these activities contains risks and I give my express permission for my camper to participate in the program as designed by River Valley Ranch.

**Name of Participant: (printed)** \_\_\_\_\_ **Age:** \_\_\_\_\_

**IF Participant is OVER 18:** \_\_\_\_\_  
Signature of Participant Date

**IF Participant is UNDER 18:** \_\_\_\_\_  
Signature of Natural or Legal Father Date

\_\_\_\_\_  
Signature of Natural or Legal Mother Date

\_\_\_\_\_  
Signature of Legal Guardian Date

\_\_\_\_\_  
Signature of Minor Date